

CitizenAudit.org

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No 1545-0687

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning _____, and ending _____

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)

CITY CREEK RESERVE, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

50 E NORTH TEMPLE ST - COB 22

City or town, state or province, country, and ZIP or foreign postal code

SALT LAKE CITY, UT 84150

D Employer identification number
(Employees' trust, see instructions)

20-8152281

E Unrelated business activity codes
(See instructions)

900003 531390

C Book value of all assets
at end of year
1,000,000.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ PROPERTY MANAGEMENT

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No

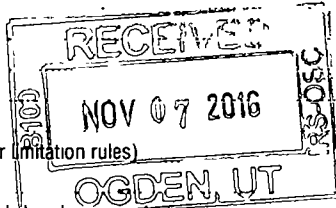
If "Yes," enter the name and identifying number of the parent corporation. ▶ SEE STATEMENT 3

J The books are in care of ▶ CRAIG WHITING Telephone number ▶ 801-240-3030

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 35,664,386.	1c 35,664,386.		
b	Less returns and allowances	2 26,018,566.		
2	Cost of goods sold (Schedule A, line 7)	3 9,645,820.		9,645,820.
3	Gross profit. Subtract line 2 from line 1c	4a 88,587.		88,587.
4a	Capital gain net income (attach Schedule D)	4b		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c		
c	Capital loss deduction for trusts	5 416,609.		416,609.
5	Income (loss) from partnerships and S corporations (attach statement)	6		
6	Rent income (Schedule C)	7		
7	Unrelated debt-financed income (Schedule E)	8 4,294,246.	2,982,211.	1,312,035.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	9		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10		
10	Exploited exempt activity income (Schedule I)	11		
11	Advertising income (Schedule J)	12 163,360.		163,360.
12	Other income (See instructions; attach schedule) STATEMENT 1	13 14,608,622.	2,982,211.	11,626,411.
13	Total. Combine lines 3 through 12			

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	999,856.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	1,003,891.
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)	21 25,041,585.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	25,041,585.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28 7,914,301.	
29	Total deductions. Add lines 14 through 28	29 34,959,633.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 -23,333,222.	
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32 -23,333,222.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34 -23,333,222.	



SEE STATEMENT 5

21 25,041,585.

22a 25,041,585.

SEE STATEMENT 2

SEE STATEMENT 4

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 0. (2) \$ 0. (3) \$ 0.

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

\$ 0.

(2) Additional 3% tax (not more than \$100,000)

\$ 0.

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

39 0.

Part IV Tax and Payments**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41 0.

42 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43 0.

44a Payments: A 2014 overpayment credited to 2015

44a

b 2015 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments:☐ Form 2439 ☐ Form 4136 ☐ Other

Total

44g

45 Total payments. Add lines 44a through 44g

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 0.

49 Enter the amount of line 48 you want: Credited to 2016 estimated tax

Refunded

49

Part V: Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial

Yes No

Accounts. If YES, enter the name of the foreign country here

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ☒ COST

1 Inventory at beginning of year

1 204,920,686.

6 Inventory at end of year

6 181,785,530.

2 Purchases

2 336,417.

7 Cost of goods sold. Subtract line 6

7 26,018,566.

3 Cost of labor

3

from line 5. Enter here and in Part I, line 2

4a Additional section 263A costs (attach schedule)

4a 2,546,993.

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

b Other costs (attach schedule)

4b

5 Total. Add lines 1 through 4b

5 207,804,096.

X

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Michael W. Johnson* Date 11/3/16

Title CFO/Controller

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JOAN S MCMAHON

Joan McMahon

10/31/16

P00966494

Firm's name DELOITTE TAX/LLP

Firm's EIN 86-1065772

Firm's address 555 MISSION STREET

SAN FRANCISCO, CA 94105

Phone no. 415-783-4000

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B)

0.

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
(1)								
(2)								
(3)								
(4)								
(1)						%		
(2)						%		
(3)						%		
(4)						%		

Totals**Total dividends-received deductions** included in column 8

Enter here and on page 1, Part I, line 7, column (A)

0.

Enter here and on page 1, Part I, line 7, column (B)

0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4) SEE STATEMENT 9					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

STATEMENT 10Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A).

4,294,246.

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B).

2,982,211.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Capital Gains and Losses
▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

2015

Name

CITY CREEK RESERVE, INC.

Employer identification number

20-8152281

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				-10,782.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -10,782.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				31,640.
11 Enter gain from Form 4797, line 7 or 9				11 67,729.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 99,369.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17 88,587.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18 88,587.

Note: If losses exceed gains, see **Capital losses** in the instructions.

Form

8949

Department of the Treasury
Internal Revenue Service

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2015

Attachment Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

20-8152281

CITY CREEK RESERVE, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Social security number or taxpayer identification no.

20-8152281

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. **Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

2015

Name

CITY CREEK RESERVE, INC.

Employer identification number

20-8152281

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	-23,333,222.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	-1,029.
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	-23,334,251.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	-23,334,251.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment	4e	0.
	<ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	-23,334,251.
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	

STATEMENT 13

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2015)

*** SEE ALSO**

STATEMENT 11

STATEMENT 12

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	-23,334,251.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a	25,041,585.	
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)	25,041,585.	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	25,041,585.	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	-23,334,251.

Depreciation and Amortization
(Including Information on Listed Property) 990-T

OMB No 1545-0172

2015

Attachment
Sequence No 179

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

CITY CREEK RESERVE, INC.

FORM 990-T PAGE 1

20-8152281

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29

8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7

9 Tentative deduction Enter the smaller of line 5 or line 8

10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562

11 Business income limitation Enter the smaller of business income (not less than zero) or line 5

12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11

13 Carryover of disallowed deduction to 2016 Add lines 9 and 10, less line 12

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	25,009,869.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						15,467.
c 7-year property						
d 10-year property						
e 15-year property						7,183.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	9,066.
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	25,041,585.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	-------------------------------------	--------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use.

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2015 tax year

43 Amortization of costs that began before your 2015 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
 EMPLOYER IDENTIFICATION NUMBER 23-7300405
 50 EAST NORTH TEMPLE STREET, SALT LAKE CITY, UTAH 84150

CONTROLLED GROUP CONSENT FOR TAXABLE YEARS INCLUDING DECEMBER 31, 2015

The corporations listed hereby consent to the following apportionment plans and elections for the year ended December 31, 2015 under the Internal Revenue Code sections indicated. The original consent agreement is filed with the IRS Center, Ogden, Utah 84201-0027.

NAME OF ENTITY	EIN	Tax Year End	Controlled Group Consent Apportionment of Items									
			\$11(b) \$50,000 Bracket	\$11(b) \$25,000 Bracket	\$11(b) \$9,925,000 Bracket	\$11(b) 5% Add'l Bracket	\$11(b) 3% Add'l Bracket	\$38(c) \$25,000 Limitation	\$55(d)(2) \$40,000 AMT Exmpt	\$179(b) \$500,000 Deduction	\$6655(g)(2) \$1,000,000 Threshold	
PARENT COMPANY CORPORATION OF THE PRESIDENT OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 50 E NORTH TEMPLE ST - COB 22 SALT LAKE CITY, UTAH 84150	23-7300405	12/31/2015	0	0	0	0	0	0	0	\$40,000	0	0
COMPONENT MEMBERS												
AGRESERVES, INC 79 S MAIN ST - SUITE 1100 SALT LAKE CITY, UTAH 84111	87-0481574	12/31/2015	\$50,000	\$25,000	\$9,925,000	\$11,750	\$100,000	\$25,000	\$0	\$500,000	\$1,000,000	
BONNEVILLE HOLDING COMPANY 50 E NORTH TEMPLE ST - COB 22 SALT LAKE CITY, UTAH 84150	74-2368286	12/31/2015	0	0	0	0	0	0	0	0	0	0
BRIGHAM YOUNG UNIVERSITY PROVO, UTAH 84602	87-0217280	12/31/2015	0	0	0	0	0	0	0	0	0	0
BRIGHAM YOUNG UNIVERSITY - HAWAII 55-370 KAMEHAMEHA HIGHWAY LAIE, HAWAII 96762	99-0083825	12/31/2015	0	0	0	0	0	0	0	0	0	0
BRIGHAM YOUNG UNIVERSITY - IDAHO 290 KIMBALL REXBURG, IDAHO 83460-1695	82-0207699	12/31/2015	0	0	0	0	0	0	0	0	0	0

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
 EMPLOYER IDENTIFICATION NUMBER: 23-7300405
 50 EAST NORTH TEMPLE STREET, SALT LAKE CITY, UTAH 84150

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CITY CREEK RESERVE, INC 51 S MAIN ST - SUITE 301 SALT LAKE CITY, UTAH 84111	20-8152281	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DESERET MANAGEMENT CORPORATION 55 NORTH 300 WEST - SUITE 800 SALT LAKE CITY, UTAH 84180	87-0274433	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
DESERET MUTUAL BENEFIT ADMINISTRATORS 150 SOCIAL HALL AVE - SUITE 170 SALT LAKE CITY, UTAH 84111	87-0440163	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ENSIGN PEAK ADVISORS, INC 60 E SOUTH TEMPLE ST - SUITE 400 SALT LAKE CITY, UTAH 84111	84-1432969	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FARMLAND ACQUISITION, INC 79 S MAIN ST - SUITE 1100 SALT LAKE CITY, UTAH 84111	46-1449295	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FARMLAND RESERVE, INC 79 S MAIN ST - SUITE 1100 SALT LAKE CITY, UTAH 84111	87-0569880	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LDS BUSINESS COLLEGE 95 NORTH 300 WEST SALT LAKE CITY, UTAH 84101	87-0280678	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
POLYNESIAN CULTURAL CENTER 55-370 KAMEHAMEHA HIGHWAY LAIE, HAWAII 96762	99-0109908	12/31/2015	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
 EMPLOYER IDENTIFICATION NUMBER 23-7300405
 50 EAST NORTH TEMPLE STREET, SALT LAKE CITY, UTAH 84150

CONTROLLED GROUP CONSENT FOR TAXABLE YEARS INCLUDING DECEMBER 31, 2015

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POLYNESIAN CULTURAL CENTER PROPERTIES, INC 55-109 LANILOA STREET LAIE, HAWAII 96762	99-0199388	12/31/2015	0	0	0	0	0	0	0	0	0	
PROPERTY RESERVE, INC 51 S MAIN ST - SUITE 301 SALT LAKE CITY, UTAH 84111	87-6128054	12/31/2015	0	0	0	0	0	0	0	0	0	
SCP HOLDINGS, INC 50 E NORTH TEMPLE ST - COB 22 SALT LAKE CITY, UTAH 84150	45-5492786	12/31/2015	0	0	0	0	0	0	0	0	0	
SUBURBAN LAND RESERVE, INC 51 S MAIN ST - SUITE 301 SALT LAKE CITY, UTAH 84111	87-0687704	12/31/2015	0	0	0	0	0	0	0	0	0	
TAYLOR CREEK MANAGEMENT COMPANY 13754 DESERET LANE ST CLOUD, FLORIDA 34773	59-3439096	12/31/2015	0	0	0	0	0	0	0	0	0	
WESTERN WATER IRRIGATION COMPANY P O BOX 2308 TRI-CITIES, WASHINGTON 99302	91-1627746	12/31/2015	0	0	0	0	0	0	0	0	0	
TOTALS			\$50,000	\$25,000	\$9,925,000	\$11,750	\$100,000	\$25,000	\$40,000	\$500,000	\$1,000,000	

CORPORATION OF THE PRESIDENT OF THE
 CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

By  Date 1-26-16

Robert W. Cantwell - Authorized Agent

FORM 990-T	OTHER INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
OTHER MISCELLANEOUS RENTS	45,387.
OTHER MISCELLANEOUS INCOME	117,973.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	163,360.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
CLEANING EXPENSES	642,049.
UTILITY EXPENSES	789,528.
GROUND'S LANDSCAPING	50,521.
SECURITY EXPENSES	355,838.
PARKING OPERATION EXPENSES	921,258.
PARKING MAINTENANCE	260,751.
PARKING ADMINISTRATION	274,138.
SWEEP OPERATIONS	596,853.
MALL OPERATIONS	1,273,609.
ADMIN EXPENSE - PROPERTY	1,445,525.
ADMIN EXPENSE - HEADQUARTERS	1,125,951.
BANK/CREDIT CARD FEES	173,098.
OTHER MISCELLANEOUS EXP	5,182.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	7,914,301.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
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CORPORATION'S NAME	IDENTIFYING NO
CORP. OF THE PRESIDENT	23-7300405

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	4
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	129,257.	0.	129,257.	129,257.
12/31/09	439,669.	396,478.	43,191.	43,191.
12/31/10	872,726.	0.	872,726.	872,726.
12/31/11	3,729,408.	0.	3,729,408.	3,729,408.
12/31/12	10,539,439.	0.	10,539,439.	10,539,439.
12/31/13	27,935,109.	0.	27,935,109.	27,935,109.
12/31/14	22,685,922.	0.	22,685,922.	22,685,922.
NOL CARRYOVER AVAILABLE THIS YEAR			65,935,052.	65,935,052.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	5
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QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014 62,384

TOTAL CARRYOVER

62,384

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE

62,384

TAXABLE INCOME LIMITATION AS ADJUSTED

0

EXCESS 10% CONTRIBUTIONS

62,384

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

62,384

ALLOWABLE CONTRIBUTIONS DEDUCTION

0

TOTAL CONTRIBUTION DEDUCTION

0

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	6
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
HTC COMMUNITIES LLC	382,021.	0.	382,021.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	382,021.	0.	382,021.

FORM 990-T	INCOME (LOSS) FROM S CORPORATIONS	STATEMENT	7
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S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)
RUSSELL CLARK REALTY COMPANY	48,828.	0.	14,240.	34,588.
TO FORM 990-T, LINE 5	48,828.	0.	14,240.	34,588.

FORM 990-T	ADDITIONAL SECTION 263 COSTS	STATEMENT	8
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DESCRIPTION	AMOUNT
ADDITIONAL 263A COSTS	2,546,993.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4A	2,546,993.

FORM 990-T SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES STATEMENT 9
AND RENTS FROM CONTROLLED ORGANIZATIONS

1.		2.	
NAME OF CONTROLLED ORGANIZATION		ACTIVITY NUMBER	EMPLOYER ID NO.
AGRESERVES, INC.		1	
EXEMPT CONTROLLED ORGANIZATIONS			
3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.	8.	9.	10.	11.
TAXABLE INCOME	NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PMTS	PART OF COL (9) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED
22,822.	22,822.	595,247.	595,247.	572,425.

1.		2.	
NAME OF CONTROLLED ORGANIZATION		ACTIVITY NUMBER	EMPLOYER ID NO.
BENEFICIAL LIFE INSURANCE COMPANY		2	
EXEMPT CONTROLLED ORGANIZATIONS			
3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
-20,721.	-20,721.	76,020.	76,020.	96,741.

1.		2.	
NAME OF CONTROLLED ORGANIZATION		ACTIVITY NUMBER	EMPLOYER ID NO.
BONNEVILLE INTERNATIONAL CORP		3	
EXEMPT CONTROLLED ORGANIZATIONS			
3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
13,905.	13,905.	13,905.	13,905.	

1.
NAME OF CONTROLLED ORGANIZATION
DESERET BOOK COMPANY

2.
ACTIVITY EMPLOYER
NUMBER ID NO.
4

EXEMPT CONTROLLED ORGANIZATIONS

3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME
--------------------------------------	-------------------------------------------	------------------------------------------------------	---------------------------------------------------------------

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
168,317.	168,317.	1,025,307.	1,025,307.	856,990.

1.
NAME OF CONTROLLED ORGANIZATION
DESERET MANAGEMENT CORP

2.
ACTIVITY EMPLOYER
NUMBER ID NO.
5

EXEMPT CONTROLLED ORGANIZATIONS

3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME
--------------------------------------	-------------------------------------------	------------------------------------------------------	---------------------------------------------------------------

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
2,671.	2,671.	2,671.	2,671.	

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY
NUMBER

2.

EMPLOYER
ID NO.

DESERET MUTUAL BENEFIT ADMINISTRATORS

6

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED
INCOME (LOSS)TOTAL OF SPECIFIED
PAYMENTS MADEPART OF COL (4)
INCLUDED IN
GROSS INCOMEDEDUCTIONS DIRECTLY
CONNECTED WITH
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED
INCOME (LOSS)TOTAL OF
SPECIFIED PMTSPART OF COL (9)
INCLUDED IN
GROSS INCOMEDEDUCTIONS
DIRECTLY
CONNECTED

1,119,102.

1,119,102.

2,386,381.

2,386,381.

1,267,279.

1.

NAME OF CONTROLLED ORGANIZATION

ACTIVITY
NUMBER

2.

EMPLOYER
ID NO.

SUBURBAN LAND RESERVE INC

7

EXEMPT CONTROLLED ORGANIZATIONS

3.

4.

5.

6.

NET UNRELATED
INCOME (LOSS)TOTAL OF SPECIFIED
PAYMENTS MADEPART OF COL (4)
INCLUDED IN
GROSS INCOMEDEDUCTIONS DIRECTLY
CONNECTED WITH
COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7.

8.

9.

10.

11.

TAXABLE INCOME

NET UNRELATED
INCOME (LOSS)TOTAL OF
SPECIFIED PMTSPART OF COL (9)
INCLUDED IN
GROSS INCOMEDEDUCTIONS
DIRECTLY
CONNECTED

5,939.

5,939.

194,715.

194,715.

188,776.

ADD COLUMNS
5 AND 10ADD COLUMNS
6 AND 11

TOTALS TO FORM 990-T, SCHEDULE F

4,294,246.

2,982,211.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 10
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING & DEPRECIATION EXPENSES		572,425.	
- SUBTOTAL -	1		572,425.
OPERATING & DEPRECIATION EXPENSES		96,741.	
- SUBTOTAL -	2		96,741.
OPERATING & DEPRECIATION EXPENSES		856,990.	
- SUBTOTAL -	4		856,990.
OPERATING & DEPRECIATION EXPENSES		1,267,279.	
- SUBTOTAL -	6		1,267,279.
OPERATING & DEPRECIATION EXPENSES		188,776.	
- SUBTOTAL -	7		188,776.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			2,982,211.

FORM 4626

AMT CONTRIBUTION LIMITATION

STATEMENT 11

1) REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	-23,333,222
2) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD	-1,029
3) PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD	-23,334,251
4) ACE ADJUSTMENT ITEMS	
5) ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4) . .	-23,334,251
6) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) . . .	
7) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT .	
8) ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE	
9) ACE ADJUSTMENT: IF LINE 6 IS POSITIVE OR ZERO ENTER THE AMOUNT FROM LINE 7 HERE AS A POSITIVE AMOUNT IF LINE 6 IS NEGATIVE, ENTER THE SMALLER OF LINE 7 OR LINE 8 HERE AS A NEGATIVE AMOUNT	
10) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)	-23,334,251
11) CONTRIBUTION LIMITATION TO CALCULATE 90% AMTI LIMITATION FOR NOL(LINE 10 PLUS SPECIAL DEDUCTIONS NOT PREVIOUSLY INCLUDED IN THE ACE ADJUSTMENT ON LINE 9 ABOVE, MULTIPLIED BY 10%).	0
12) TOTAL AVAILABLE CONTRIBUTIONS	62,384
13) CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)	0
14) AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)	-23,334,251
15) NOL LIMITATION (90% OF LINE 14).	-21,000,826
16) TOTAL NOL AVAILABLE	65,973,458
17) AMT NOL (LESSER OF LINE 15 OR LINE 16)	0
18) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)	-23,334,251
19) 10% OF LINE 18	0
20) AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19) . .	0
21) REGULAR CONTRIBUTION DEDUCTION	0
22) AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)	0

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 12
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CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

FOR TAX YEAR 2014

62,384

TOTAL CARRYOVER

62,384

CURRENT YEAR CONTRIBUTIONS

TOTAL CONTRIBUTIONS

62,384

10% OF TAXABLE INCOME AS ADJUSTED

0

EXCESS CONTRIBUTIONS

62,384

ALLOWABLE CONTRIBUTIONS

0

FORM 4626

ALTERNATIVE MINIMUM TAX NOL DEDUCTION

STATEMENT 13

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/07	129,257.	0.	129,257.
12/31/09	439,669.	355,031.	84,638.
12/31/10	872,726.	0.	872,726.
12/31/11	3,729,411.	0.	3,729,411.
12/31/12	10,539,439.	0.	10,539,439.
12/31/13	27,935,109.	0.	27,935,109.
12/31/14	22,682,878.	0.	22,682,878.
AMT NOL CARRYOVER AVAILABLE THIS YEAR			65,973,458.

CITY CREEK RESERVE, INC.
Form 990-T

EIN: 20-8152281
FYE: 12/31/2015

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Taxpayer on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year

CITY CREEK RESERVE, INC.
Form 990-T

EIN: 20-8152281
FYE: 12/31/2015

Section 1.263(a)-3(n) Capitalization Election

Taxpayer hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.